



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O.H. METALS				Location 1002 OSWEGO, ST. UTICA NY				Date 12/21/86		
Facility Equipment N/A	Detect Clock N/A	Weapon No. N/A	Holster N/A	Nightstick N/A	Raincoat 12	Flashlight 12	Other KEYS-GATE-TRAILER					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) Kenneth Fialif		Officer—Swing Shift (Name) ofc DelVecchio		Officer—Grave Shift (Name) Kokoszki Dick		
Shift Began 8 AM		Shift Ended 4 AM		Shift Began 4 AM		Shift Ended 12 PM		Shift Began 12 PM		Shift Ended 8 PM		
Observations or actions taken	Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation	
Rounds or stations missed		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked vaults or safes		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Fire-smoke-or hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
2. Sprinkler system defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
4. Rubbish accumulation		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
5. Motors running		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
6. Lights left burning		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Injury hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Visitors		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Trespassing		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Violation of company rules		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Remarks MADE VISUAL CK. OF BLDG. PERIMETER EVERY HR. (R.K.) made visual ck. of Bldg. & perimeter every hr. (R.K.) made visual checks every hour, large hole in fence on Oswego st. (R.K.)												
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.												
1. Were you injured during this tour?	Day Shift Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No	Swing Shift Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No	Grave Shift Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No
Signatures	Day Shift 1. Kenneth Fialif				Swing Shift 1. ofc DelVecchio				Grave Shift 1. Dick Kokoszki			
Signatures	2.				2.				2.			
Signatures	3.				3.				3.			

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